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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

3131



VOID



CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone number		1 Gross distribution	OMB No. 1545-1760 2003 Form 1099-Q
		\$	
		2 Earnings	
		\$	
PAYER'S Federal identification no.	RECIPIENT'S social security number	3 Basis	4 Trustee-to-trustee rollover <input type="checkbox"/>
		\$	
RECIPIENT'S name		5 Check one: Private <input type="checkbox"/> State <input type="checkbox"/>	6 Check if the recipient is not the designated beneficiary <input type="checkbox"/>
Street address (including apt. no.)			
City, state, and ZIP code			
Account number (optional)			

**Qualified
Tuition
Program
Payments
(Under
Section 529)**

Copy A
For
Internal Revenue
Service Center
File with Form 1096.
For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2003 General
Instructions for
Forms 1099, 1098,
5498, and W-2G.

Form **1099-Q**

Cat. No. 32223J

Department of the Treasury - Internal Revenue Service

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